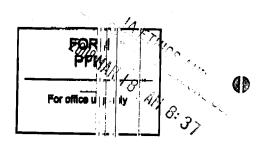
Mail to:

IECDB 510 East 12th, Suite 1A Des Moines, Iowa 50319 Or Fax: (515)281-4073





## Iowa Ethics and Campaign Disclosure Board

Required by Iowa Code section 68B.35, 68B.3(2), and rules in 351 - Chapter 7

| Personal Financial Disclosure Statement  | <del>                                   </del> |
|--|--|
| Name: Mark Johnson   | 180 il <del>917 in</del> 1917                  |
| Please type or print legibly   | ··· · ;  |
| Agency or department: North Iowa Area Community College  |  |
| Position held: Vice President for Academic Affairs   | <del>n= +</del>                                |
| Statewide office sought (non-incumbent candidates only): NA  |  |
| This statement is for Calendar Year 20 07. Check if this is an amended statement.   This statement is required to cover the calendar year preceding the year the report  | : i due.                                       |
| General instructions: Complete each of Parts A, B, and C below. Attach additional pages if necessary.  | •  |
| * * * * * * * * * * * * * * * * * *  |  |
| Part A. Business, Occupation, or Profession. By position or job title, list each business occupation, or profession in which you were engaged during the previous calendar year, including name and nature of each business or employer. If you were not employed by anyone other that agency and for the position held above check here.  | i he<br>∷¦le                                   |
| Vice President for Academic Affairs - North Iowa Area Community College  | • •1   |
| Part B. Income sources of more than \$1,000. In the categories below list each source is you received more than \$1000 in gross annual income during the previous calendar year. This or value of the holding is not required to be listed. This includes the total amount of any in received jointly with one or more persons exceeding \$1000. Do not report income received solutions spouse or other family members. A source is reportable if the gross income produced was sulph federal or state income tax during the reporting period. If you have nothing to report under Particles. | imount<br>inme<br>by your                      |
| 1. Securities. List any company in which you owned securities  |  |
| 1, N/A   |  |
| 2.   | ·  |

| Instruments of Financial Institutions. List the instruments of eposit or savings accounts                          | initions from which you received amula  | _                                     |
|--|---|---------------------------------------|
|  |   | Ros                                   |
| N/A_   | ,                                       |                                       |
|  |   | 1                                     |
| Trusts. State the nature or type of the trusts.  | ļ <b>100</b>                            | 1                                     |
| N/A  |   |                                       |
|  | 1 140                                   |                                       |
| Real Estate. List the nature of real estate interests inved from the selling of property. Do not list the location | cluding an interest from which income   | · · · · · · · · · · · · · · · · · · · |
|  |   |                                       |
| VA   | - 100 1                                 |                                       |
|  |   |                                       |
| Retirement Systems. List the name of the employer  |   |                                       |
| lorth Iowa Area Community College  |   |                                       |
| AACREF   |   |                                       |
| ales to political subdivisions. List any sales of a goar if a commission from the sale was received.               |   |                                       |
|  | (100.0)                                 | <del></del>                           |
|  | 1 110 11                                | <del></del>                           |
| Other. List other sources of annual gross income not recover.  |   |                                       |
| <u> </u>   | 1 112 17                                |                                       |
|  | ) and 1) a                              |                                       |
| t C. Certified Signature.  | i #= 1] *                               |                                       |
| I certify that this statement is true and accurate to  | the best of my knowledge. I understan   | id finat                              |
| subject to potential civil and criminal penalties for faili  | ing to file an accurate statement or in | ailing                                |
| e this statement by the required due date.   |   | ***                                   |
| Made John an   | March 18, 2008                          |                                       |
| (Signature of person filing statement)   | (Date)                                  |                                       |
|  |   |                                       |